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Insurance Emergency Response Order

Coronavirus Public Health Emergency

Supplemental Order Regarding Remote Delivery of Health Services

By proclamation issued March 12, 2020, Governor Janet T. Mills declared that the anticipated impact of COVID-19 in this State has created a state of insurance emergency as defined in 24-A M.R.S. § 471. She has authorized and directed the Superintendent of Insurance, for the duration of that state of emergency, to exercise the emergency powers conferred by Sections 471 through 479 of the Insurance Code as necessary to protect the interests of health insurers, insureds, beneficiaries, or the public. Therefore, shortly after the Governor's proclamation and pursuant to 24-A M.R.S. § 478 and Bureau of Insurance Rule 765, Section 5, I ordered, effective immediately, certain emergency measures for all carriers offering health plans subject to the Maine Health Plan Improvement Act, as defined at 24-A M.R.S. § 4301-A(7). Today, I hereby order the following additional emergency measure until further notice, for all such carriers:

Remote Delivery of Health Services: In my March 12 order, I noted the importance of telehealth during this crisis, reminded carriers that 24-A M.R.S. § 4316 requires parity between coverage of telehealth and in-person services, and directed them to review their telehealth programs with participating providers to ensure that the programs are robust and will be able to meet any increased demand. However, the statutory definition of "telehealth," 24-A M.R.S. § 4316(1)(C), expressly excludes, among other methods, "the use of audio-only telephone." Audio-only telephone communication is often a necessary tool to provide effective remote access for patients. The Centers for Medicare and Medicaid Services has already taken measures to modify applicable federal privacy standards to accommodate this need. I am therefore ordering that in addition to telehealth as defined in the Insurance Code, carriers must also provide parity in coverage for other clinically appropriate remote delivery of medically necessary health care services, including office visits conducted by non-public-facing telephone communication methods that have audio-only or audio-video capability, to the extent that the provider is permitted by law to provide such services. All carriers are further ordered to ensure that rates of payment to in-network providers for services delivered via telehealth and other remote modalities are not lower than the rates of payment established by the carrier for services delivered in person, and to notify providers for any instructions necessary to facilitate billing for such remote services.

March 20, 2020

Eric A. Cioppa

Superintendent of Insurance

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